

APPLICATION FOR REVIEW OF ASSESSMENT

Office of Real Estate Valuation
Room 250, Municipal Building
Roanoke, Virginia 24011
Phone (540) 853-2771 Fax (540) 853-2796
www.roanokeva.gov

I request a review of the proposed value change for my property identified as follows:
(A separate application must be filed for each Tax Number)

OFFICE USE
Application No.

1. Tax Map Number: _____
(Shown on Notice of Assessment Change Form)
2. Name of Property Owner: _____
3. Street Address of Property: _____
4. Mailing Address of Owner: _____

City	State	Zip Code
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2. Reason: (Check ☒ one or more of the following reasons.)

If additional space is required, attach any extra sheets to this form.

- A. ☐ Property is appraised at more than its Fair Market Value. Give your estimate of the Fair Market Value of your:
Building: \$ _____ and your Land: \$ _____
- B. ☐ Property is appraised at a higher value than similar surrounding properties. (List properties not equitable or comparable: _____

_____)
- C. ☐ Property condition or unusual situation or circumstances. Describe this condition that affects value:

- D. ☐ Property is appraised too low. _____

NOTE: * If your property has been appraised during the last twelve months, please attach a copy of your appraisal.

* If this review is on an "Income Producing" property (commercial, apartment, or duplex), please attach a copy of last year's Operating Statement.

Date

Signature of Owner or Representative

Telephone number where you may be reached:

Between 8 a.m. and 5 p.m.

After 5 p.m.

FOR REAL ESTATE VALUATION OFFICE USE ONLY

Appraiser's Notes

Current

Assessment: Land Bldg. Total Tax Map No.:

Proposed

Assessment: Land Bldg. Total NBHD Map No.:

Appraiser's Recommendations

_____ 1. The proposed assessment has been decreased from:

\$ _____ to \$ _____

_____ 2. The proposed assessment has been increased from:

\$ _____ to \$ _____

_____ 3. The proposed assessment remains the same.

_____ 4. The proposed assessment has been reallocated as follows:

Land: \$ _____ Improvements: \$ _____

Total: \$ _____

Date

Appraiser

Approved By